



Brig Smith, City Attorney

CLAIM FORM - PROPERTY DAMAGE OR PERSONAL INJURY

NAME: _____ Date of Birth: _____ DATE: _____

MAILING ADDRESS (No PO Boxes): _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: Home () _____ Work () _____

DATE/TIME OF INCIDENT: _____ AMOUNT OF CLAIM: _____

ADDRESS OR PLACE WHERE INCIDENT OCCURRED: _____

CIRCUMSTANCES (attach additional page(s) if necessary):

For Personal Injuries, Please Fill out This Section

EXTENT OF INJURIES (attach additional page(s) if necessary):

Did you seek medical treatment? _____ Place of treatment: _____

Mode of transportation: _____ Police/Fire Dept involved? _____ Report #: _____

Are you being seen by a physician? _____ Physician's name: _____

Are you seeking medical reimbursement? _____ Amount: \$ _____ (please attach statements)

Please provide names, addresses, telephone numbers of any witnesses (attach additional page(s) if necessary):

Claim(s) against any other party(ies)? _____ If so, please name:

For Property Damage/Automobile Damage, Please Fill out This Section

Note: Please attach two estimates for the damage.

Have you filed a claim with your insurance company? _____ Amount of deductible _____

Name of Insurance company _____ Agent's name _____

Attach insurance company response.

Please provide names, addresses, telephone numbers of any witnesses (attach additional page(s) if necessary):

Return Completed Form to : Office of the City Attorney Attn: Sue Podleski, Fifth Floor, City Hall, Lansing, MI 48933